

## JOB AID

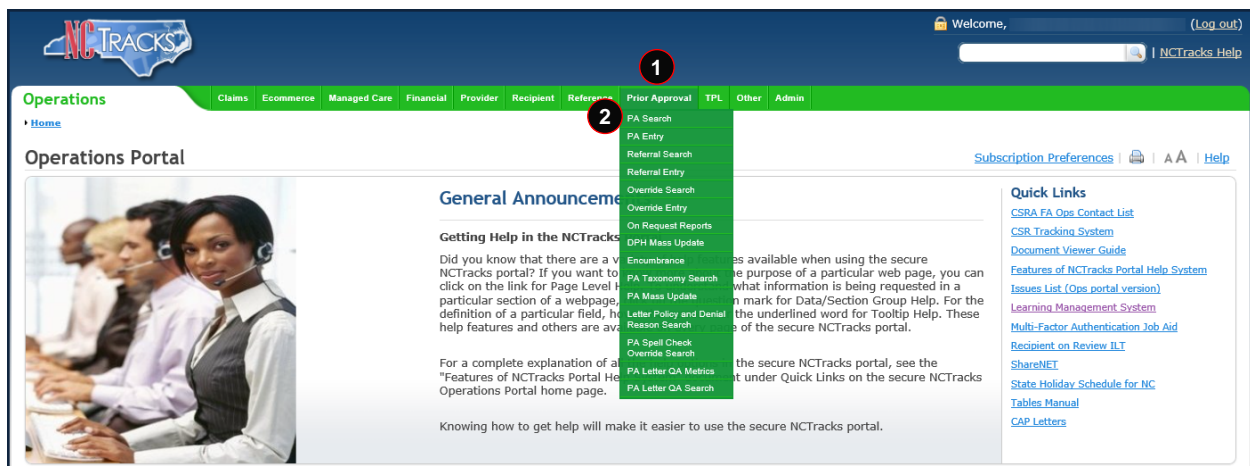
### Prior Approval for DME Reauthorizations

This document will guide authorized users on the processes for identifying and generating a Prior Approval (PA) for DME (Durable Medical Equipment). The recent modified review process results in the user's ability to change system-assigned initial/reauth PA status and, if PA is a reauth, for user to update the system-assigned reauth PA number used in the letter generation process when the PA includes a generic code. This operational efficiency for the generic code initial/ reauth process was implemented to ensure that the correct generic code description is populated during the generation of adverse decision letters.

The PA summary link previously existed only on the header page. It is now also made available, on the detail page for DME and pharmacy PAs.

For PAs with a miscellaneous/generic procedure code, the reviewer must determine if the request is an initial or reauthorization based on the service requested under the miscellaneous code. For PAs with miscellaneous code, the reviewer can change the Initial/Reauth Indicator on the header page so it will be appropriate for the request and to ensure the correct letter is added for an adverse decision. If the PA is a true reauthorization request, the reviewer will select from PAs in the Reauth PA Number drop-down the most recent prior PA with the same procedure code description

The **Prior Authorization Search** page allows authorized users to search for records by PA demographics, business location, or user's individual queue.



Step	Action
1	Hover over the <b>Prior Approval</b> tab.
2	Select <b>PA Search</b> .

### PA Search Page

The **PA Search** page allows authorized users to search for any PA using the **PA Review** section, or to search for a specific PA using the **Search Criteria** section.

Operations
Claims
Ecommerce
Managed Care
Financial
Provider
Recipient
Reference
Prior Approval
Health Check
TPL
Other
Admin

Home
PA Search

PA Search
AA
Help

\* indicates a required field
Legend

PA REVIEW
Business Location:
Available Reviews:
Next PA >>
Show My PA's
Count

Search Criteria
Find
Clear

Unique Identifier
1
PA Number:
Refraction Confirmation Number:
Tracking Number:
History #:

Recipient
Recipient ID:
First Name:
Last Name:

Ordering/Requesting Provider
NPI:
Atypical ID:
Locator:
First Name:
Last Name:

Billing/Rendering Provider
NPI:
Atypical ID:
Locator:
First Name:
Last Name:

Review
User ID:
Business Location:
Additional Criteria:

Prior Approval
PA Type:
Service Type:
Status:
Diagnosis Code:
Procedure:
Drug Code Type:
Effective Begin Date:
Effective End Date:
FDB Drug Code:
Payer:
Health Plan:
Benefit Plan:
2
Find
Clear

Step	Action
1	Enter data in one or more search criteria sections (in this example, the PA Number is used as the search criterion).
2	Select the <b>Find</b> button.

## Search Results

All PAs that meet the search criteria are displayed in the **Search Results** section.

3

SEARCH RESULTS												
PA Number	Line	PA Type	Status	Recipient ID	Recipient Name	Requesting NPI	Billing NPI	Procedure	Effective Begin Date	Effective End Date	Alert Date	User ID
	1	A04-DME	V-VOID					99999			01/01/0001	

Step	Action
3	Select the <b>PA Number</b> link.

## PA Detail Page – Header Tab

The **Header** tab breaks down the PA details into multiple sections. On this page, Audit icons (🔍) may display, indicating that the authorized user has the ability to view changes made to a value as well as who made the changes and when they were made.

The **Overview** section displays information assigned to or associated with the PA, based on the information submitted during the entry process.



**Header** | **Detail** | Edit/Routing | Comments/Letters | Attachments

**OVERVIEW**

1 PA #: [REDACTED] PA Type: A99-PHARMACY 🔍 Documents: [View](#)

Confirmation #: [REDACTED] 🔍 Tracking Number: Claim Action: 🔍

Payer: DHB 🔍 Health Plan: NCXIX 🔍 Benefit Plan: MEDICAID 🔍

Req. Begin Date: 05/27/2022 Req. End Date: 06/26/2022 278 Comments: N

Effective Begin Date: 05/27/2022 Effective End Date: 06/26/2022 Submit Date: 05/27/2022

PASARR #: Media Type: FAX 🔍 Received Date: 05/27/2022

PrePayment Review: ☐ Attachment Due Date: 01/01/0001

EPSDT Indicator: ☐ Yes ☒ No 🔍

Non-Covered Service Indicator: ☐ Yes ☒ No 🔍

2 Initial/Reauth Indicator: R-REAUTH 🔍

3 PA Summary: [View](#)

1. The PA number is displayed in the Overview section.
2. For A04 DME PAs, the Initial/Reauth Indicator in the Overview section will display as a drop-down field to indicate whether the request is for initial service or reauthorization of existing service.
3. Users can access the PA Summary page via a link on the Header page or on the Detail Page.

## PA Detail Page – Detail Tab

Select the **Detail** tab to display the PA details. The information is displayed in the **PA Detail**, **Diagnosis Codes**, and **PA Edits** sections of the page.

Step	Action
1	Select the <b>Detail</b> tab.

For A04 DME PAs, a PA Summary link is available on the detail page as well. Each record in the **PA Summary** section is called a detail line and contains the specifics of a requested service.

Each detail line displays a summary of the requested services for previous prior authorizations. The **Effective Begin Date**, **Effective End Date**, **Approved Units**, and **Approved Unit Type** fields are populated when the PA has a final status.

1 **er** Detail Edit/Routing Comments/Letters Attachments

Effective Begin Date	Effective End Date	Proc. Code	Req Units	Req Unit Type	Approved Units	Approved Unit Type	Status	Date	User ID
<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="W4047"/>	<input type="text" value="1.000"/>	<input type="text" value=""/>	<input type="text" value="0.000"/>	<input type="text" value=""/>	<input type="text" value="S-SUSPENDED"/>	<input type="text" value="10/17/2022"/>	<input type="text" value="ycasey.107"/>

Selecting a detail line will expand that PA. The **PA Detail** section displays the data requested at the time the PA was submitted as well as information that is populated by NCTracks per existing records and business rules.

Step	Action
2	Select anywhere on the detail line.

Header Detail Edit/Routing Comments/Letters Attachments

**PA DETAIL**

Effective Begin Date	Effective End Date	Proc. Code	Req Units	Req Unit Type	Approved Units	Approved Unit Type	Status	Date	User ID
<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="W4047"/>	<input type="text" value="1.000"/>	<input type="text" value=""/>	<input type="text" value="0.000"/>	<input type="text" value=""/>	<input type="text" value="S-SUSPENDED"/>	<input type="text" value="10/17/2022"/>	<input type="text" value="ycasey.107"/>

Service Site:

Req. Begin Date:

Req. Amount:

Req. Frequency:

Req Frequency Period:

Req Duration:

Req Duration Period:

Used Units:

Modifier:

Last Claim Update:

Encumbered Amount:

Reauth PA Number:

PA Summary: [View](#)

\* Is Proc Code A Generic Code?: ☐ Yes ☒ No

\* Generic Code Description:

Service Type:

Req. End Date:

Approved Amount:

Approved Frequency:

Approved Period:

Approved Duration:

Approved Duration Period:

Approved Rate:

Used Amount:

TCN:

DME Service Type:

History #:

MOS Reason:

Medicare Coverage:

Open the PA Summary Page to review the other PAs and the entered generic text. If the PA is a true reauthorization request, note the prior PA with the same generic code description.

PA Type: A04-DME

SUMMARY OF PAs

PA Number	PA Status	Line	Requesting NPI	Effective Begin Date	Effective End Date	Proc Code	Generic Code Description	Units	Amount
	A-APPROVED	1	1154378016	08/27/2010	02/27/2011	E1236		1.000	\$0.00
	A-APPROVED	1	1154378016	08/27/2010	02/27/2011	W4047	FABRIC COVER, HEAD BLOCKS, CALF REST, TUB TRANSFER BASE AND STANDARD LEGS FOR TRANSFER BASE. FABRIC COVER, HEAD BLOCKS, CALF REST, TUB TRANSFER BASE AND STANDARD LEGS FOR TRANSFER BASE. FABRIC COVER, HEAD BLOCKS, CALF REST.	1.000	\$77.96
	A-APPROVED	1	1922048313	01/19/2017	07/19/2017	L1932		2.000	\$0.00
	A-APPROVED	1	1518231547	04/30/2021	10/30/2021	W4047	FABRIC COVER, HEAD BLOCKS, CALF REST, TUB TRANSFER BASE AND STANDARD LEGS FOR TRANSFER BASE. FABRIC COVER, HEAD BLOCKS, CALF REST, TUB TRANSFER BASE AND STANDARD LEGS FOR TRANSFER BASE. FABRIC COVER, HEAD BLOCKS, CALF REST.	0.000	\$3,498.00
	V-VOID	1	1386913937	07/14/2021	10/14/2021	E1236		0.000	\$0.00
	V-VOID	2	1386913937	07/14/2021	10/14/2021	W4005		0.000	\$0.00
	V-VOID	3	1386913937	07/14/2021	10/14/2021	W4143		0.000	\$0.00
	V-VOID	4	1386913937	07/14/2021	10/14/2021	E0960		0.000	\$0.00
	S-SUSPENDED	1	1518231547	01/01/0001	01/01/0001	E1236		0.000	\$0.00
	S-SUSPENDED	2	1518231547	01/01/0001	01/01/0001	W4005		0.000	\$0.00

12 results (displaying 1-10)

prev 1 next

Select the prior PA number from the drop-down in the Reauth PA Number field. Make any additional changes need for that detail line and click update. Additionally, select Initial/Reauth Indicator on the header page to define the I/R status and ensure the correct letter is added for an adverse decision.

Header Detail Edit/Routing Comments/Letters Attachments

**PA DETAIL**

Effective Begin Date	Effective End Date	Proc. Code	Req Units	Req Unit Type	Approved Units	Approved Unit Type	Status	Date	User ID
mm/dd/yyyy	mm/dd/yyyy	W4005	1.000		0.000		S-SUSPENDED	09/07/2022	ATROY671

Service Site:  Service Type:

Req. Begin Date: 09/02/2022 Req. End Date: 09/30/2022

Req. Amount: \$0.00 Approved Amount: \$0.00

Req. Frequency: 0 Approved Frequency: 0

Req Frequency Period:  Approved Period:

Req Duration: 0 Approved Duration: 0

Req Duration Period:  Approved Duration Period:

Approved Rate: \$0.00

Used Units: 0.000 Used Amount: 0.00

Modifier:  TCN:

Last Claim Update:  DME Service Type:

Encumbered Amount: 0.00 History #: 2215700000007

Reauth PA Number: 22157000000007 MOS Reason: 01-NONE

PA Summary: [View](#) Medicare Coverage: No

\* Is Proc Code A Generic Code?: ☒ Yes ☐ No

\* Generic Code Description: 99

Generic Code Text:

250 characters remaining

Rendering Provider

☐ Same as Billing Provider

Rendering NPI: 1699772657 or Atypical Provider ID:

Address/Locator: 003-430 RANKIN DR, MARION, NC  Find

Taxonomy: 193400000X-Single Specialty

Rendering Provider: MCDOWELL HOSPITAL INC

Address 1: 430 RANKIN DR

Address 2:

Phone: (828) 659-5196

Contact Name:

City: MARION

State: NC-N CAROLINA

ZIP Code: 28752-6568

Current Status **3**

Status: S-SUSPENDED ☐ Approved as Requested

Reason:

Date: 09/07/2022

Determining Clinician:

User ID: ATROY671

**STATUS HISTORY**

Status	Reason	Date	User ID
SUSPENDED		09/07/2022	ATROY671

Appeal Status

Status:

Date:

Update Cancel

In the **Current Status** section, the user is able to select the appropriate status from the **Status** drop-down menu to identify the current status of the service listed on the detail line.

PA Adverse Decision Letters are generated for PA requests that have a status of D-DENIED, M-MODAPPROV, or R-REDUCTION. When the PA request has one of these statuses, the user must select the appropriate Reason.

Step	Action
3	<p>Select the appropriate Status from the <b>Status</b> drop-down menu.</p> <p><b>Note:</b> A status of D-DENIED, M-MODAPPROV, or R-REDUCTION generates a PA Adverse Decision Letter.</p>
4	<p>Select the appropriate PA Status Reason Code from the <b>Reason</b> drop-down menu.</p> <p>Some of the PA Status Reason Codes that may populate for the user to select if the PA request is D-DENIED, M-MODAPPROV, or R-REDUCTION are:</p> <ul style="list-style-type: none"> <li> <b>DD1 – PA ADD INF</b> – PA record is denied for lack of receipt of requested additional information.                      If the <b>DD1</b> Reason Code is assigned to a line, the <b>Additional Information</b> and <b>Policy</b> sections will display for the user to complete.                 </li> <li> <b>DD2 – POLICY</b> – Service not supported by State policy.                      If the <b>DD2</b> Reason Code is assigned to a line, the <b>Policy</b> and <b>Denial Reason</b> sections will display for the user to complete.                 </li> <li> <b>DD3 – LN ADD INF</b> – Individual service is denied for lack of information.                      If the <b>DD3</b> Reason Code is assigned to a line, the <b>Additional Information</b> and <b>Policy</b> sections will display for the user to complete.                 </li> <li> <b>DD4 – NOT CVRD</b> – Service is not covered by the State Medicaid plan.                      If the <b>DD4</b> Reason Code is assigned to a line, the Service Code and Service Description are generated from the existing information on the PA record.                 </li> </ul>

Policy

5

\* Policy Name:

99

Leading Text: Medical Health Plan policy rules found at [Policy Section] of [Policy Name] guided our decision.

6

Policy Name Text:

250 characters remaining

7

\* Policy Section Level 1:

99

Leading Text: Medical Health Plan policy rules found at [Policy Section] of [Policy Name] guided our decision.

8

Policy Section Level 1 Text:

125 characters remaining

Policy Section Level 2:

NONE

Policy Section Level 2 Text:

Policy Section Level 3:

NONE

Policy Section Level 3 Text:

9

Policy Citation

Available Options

10

Add >

Add All >

< Remove

< Remove All

Selected Options

99

Leading Text: Here are the policy requirements your request did not meet:

11

Policy Citation Text:

500 characters remaining

Denial Reason

12

\* Denial Reason:

99

13

Denial Reason Text:

1000 characters remaining

EPSDT Reason

☐ EPSDT 1 - Not covered by federal Medicaid program

☐ EPSDT 2 - Experimental or investigational treatment

☐ EPSDT 3 - Correct or ameliorate standard

STATUS HISTORY

Status	Reason	Status Date	User ID
TOBEDENIED	<input checked="" type="checkbox"/>	03/27/2020	ATROYTEST

Appeal Status

Status:

Date:

Job Aid – PA376

JA\_PA376\_Prior Approval for DME Reauths\_W1.0.1

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**Note:** When the user is manually entering information in any text field on the PA, the system will utilize the spell check and grammar functionality. Grammar errors are identified with a green underline and spelling errors are identified with a red underline.

If the user hovers over the identified errors highlighted in green, the system will display suggested grammar corrections for the user to select.

If the user hovers over the identified errors highlighted in red, the system will display suggested spelling corrections for the user to select.

Additionally, the number of errors is populated in the bottom right corner of the field. If no errors are identified, a check mark will display in the bottom right corner of the field. All identified grammar errors in any field on the PA must be corrected in order for the PA to be saved.

When the user feels that a spelling error identified is not an error but accurate NCTracks PA text, the user can override the error by selecting the **Override Spell Check** checkbox on the page. Depending on the PA Type, when the user selects the **Update** or **Add** button, the user receives a validation message that spelling/grammar errors remain and the **Override Spell Check** checkbox displays.

Spelling error words overridden by State users will immediately be added to the tool's customized dictionary; when used again during PA adjudication, these words will not appear as errors and will not be available for lookup on the **PA Spell Check Override Search** page.

Step	Action
5	Select the appropriate Policy Name from the <b>Policy Name</b> drop-down menu (in this example, the Policy Name used is <b>99-Other</b> ). <b>Note:</b> If <b>99-Other</b> is selected for the Policy Name, the system will display the Leading Text information and a Policy Name Text.
6	Enter the <b>Policy Name Text</b> information. <b>Note:</b> The <b>Policy Name Text</b> field is where the user must manually enter the policy information in the text field.
7	Select the appropriate option from the <b>Policy Section Level 1</b> drop-down menu. <b>Note:</b> If <b>99-Other</b> is entered for Policy Section 1, then no section level 2 or 3 can be entered by the user.
8	Enter the <b>Policy Section Level 1 Text</b> information. <b>Note:</b> This field populates when <b>99-Other</b> is selected from the <b>Policy Section Level 1</b> drop-down menu. From the <b>Policy Section Level 2</b> and <b>Policy Section Level 3</b> drop-down menus, the user is able to select the <b>None</b> option.
9	Select the appropriate option(s) from the <b>Available Options</b> list in the <b>Policy Citation</b> section.
10	Select the <b>Add</b> or <b>Add All</b> option to add the option(s) to the list in the <b>Selected Options</b> section.
11	Enter <b>Policy Citation Text</b> information. <b>Note:</b> If <b>99-Other</b> is selected for the Policy Citation ID, the <b>Policy Citation Text</b> field displays and the user is required to manually enter the appropriate text. If the selected Policy Name code is not <b>99-Other</b> , the system will display the description of each selected Policy Citation. Predefined and manually entered citation text cannot be combined to complete the policy and denial decision information for the DD2 reason.
12	Select the appropriate Denial Reason from the <b>Denial Reason</b> drop-down menu. <b>Note:</b> If the user selected the <b>99</b> value from the policy citation available options, then <b>99</b> is the only option for selection in the <b>Denial Reason</b> drop-down menu.



Step	Action
13	Enter <b>Denial Reason Text</b> information. <b>Note:</b> If <b>99-Other</b> is selected for the Denial Reason, the system will display the <b>Denial Reason Text</b> field for the user to manually enter information.

**Note:** The **EPSDT Reason** section allows the user to enter the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) criteria specific to the decision. The information entered is used in the generation of the corresponding PA Adverse Decision Letter.

If the denial reason is DD2 or DD4 and the beneficiary is under age 21, the **EPSDT Reason** section will populate for the user to complete. The user must select one or more checkboxes for EPSDT 1, EPSDT 2, or EPSDT 3. If EPSDT 2 or EPSDT 3 is selected, the user must enter text explaining why the EPSDT criterion was not met.

If the denial reason is DD4 and the beneficiary is 21 years or older, no additional sections will populate and the user is not required to enter any new letter information on the line.

### Update the PA

Once the **Update** button is selected, the user will receive an NCTracks pop-up message that displays a preview of the Adverse Decision Letter being added for a PA request with the status of Denied, Modified Approved, or Reduction.

**Note:** If any spelling/grammar errors remain, the **Override Spell Check** checkbox will display.

The screenshot shows a web form for provider information and status. The 'Rendering Provider' section includes fields for NPI (1699772657), Address/Locator (003-430 RANKIN DR, MARION, NC), Taxonomy (193400000X-Single Specialty), and Contact Name (MCDOWELL HOSPITAL INC). The 'Current Status' section shows a status of 'S-SUSPENDED' with a date of '09/07/2022' and a user ID of 'ATROY671'. The 'Status History' table shows a single entry with status 'SUSPENDED', reason 'Other', date '09/07/2022', and user ID 'ATROY671'. The 'Appeal Status' section is empty. A red circle with the number '14' is overlaid on the bottom right of the form, near the 'Update' and 'Cancel' buttons.

Step	Action
14	Select the <b>Update</b> button.

Step	Action
15	<p>Select the <b>OK</b> or <b>Cancel</b> button.</p> <ul style="list-style-type: none"> <li>If the user selects <b>OK</b>, the system will close the window and allow the user to continue the adjudication process. If the user selects <b>Cancel</b>, the system will close the window and keep the user on the detail line to make corrections as needed. If corrections are made and the user selects <b>Update</b>, <b>Validate</b>, or <b>Save</b>, as required for the PA type, a new letter preview will be generated.</li> </ul>

Step	Action
16	Select the <b>Save</b> button.

When the **Save** button is selected, an NCTracks pop-up message displays, advising the user of the letter being added for adverse decision status and confirming if the user wants to continue.

The screenshot shows the NC Tracks PA Detail page. A modal dialog box titled "NC Tracks" is displayed in the center. The dialog contains the text: "The Medicaid 2001E letter will be added for the adverse decision status. Are you sure you want to continue?" with "OK" and "Cancel" buttons.

The background page shows the "PA: [redacted]" header and a table with the following data:

Effective Begin Date	Effective End Date	Proc. Code	Req Units	Req Unit Type	Approved Units	Approved Unit Type	Status	Date	User ID
07/21/2020	07/20/2021		1.000		0.000		D-DENIED	05/20/2020	

If the user selects **OK**, the system will generate the letter identified in the message and populate the Save Successful message. If the user selects **Cancel**, the system will navigate the user back to the detail page to complete the processing prior to selecting the option to save the PA update.

### NCTracks Success Message

When the PA data is accepted, the application navigates to the **PA Search** page. This page displays an "NCTracks Success" message with the PA number, the confirmation number, the status of the PA, and a note that the PA was saved successfully.

The screenshot shows a green-bordered box with a green checkmark icon on the left. The text inside the box reads:

NCTracks Success

PA # [redacted] is updated  
Confirmation # [redacted]  
Status is D-DENIED  
Save Successful